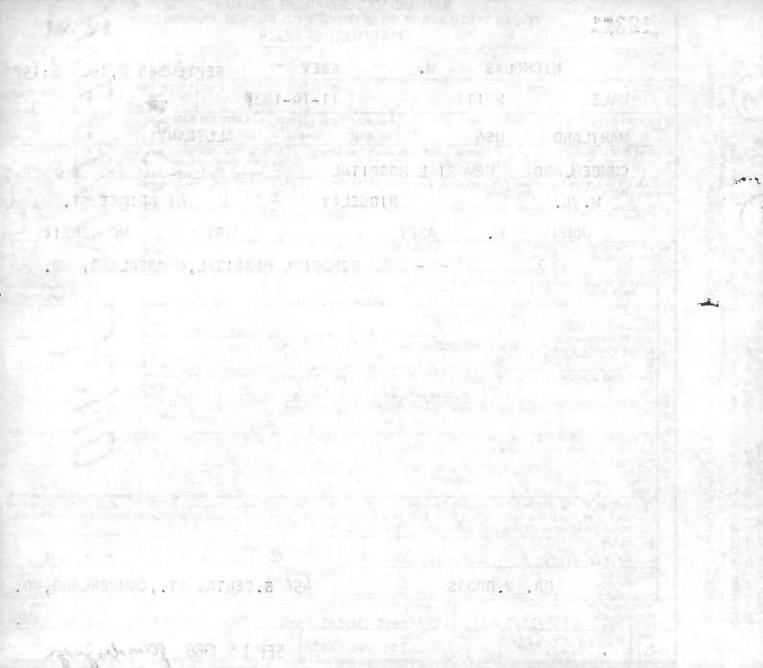
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Dov Year 2b. HOUR (Type or Print) ESTI-JOSEPH BARRINGER Poge 4:104 0 to DEATH MATED IF UNDER 1 YEAR IF LINDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. May 6,1896 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Poges 1, country) Virginia US'A Allegany WIDOWEDER DIVORCED [deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olong with INDUSTRYRailroad give street address) D.O.A.Memorial H during most of working life even if retired.) Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Virginia Ave. Md. Cumberland YES NO [Allegany Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Barringer Joseph Susan Rainer 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes, no, or unknown) (If yes give war or dates of seprice) Claude Barringer, Cumberland, Md.-Son File within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. CORONARY PART I. DEATH WAS CAUSED BY: OCCLUSION SUDDEN DUE TO, OR AS A CONSEQUENCE OF SCLEROSIS CORONARY 11 burial-transit Canditians, if any, which gave rise ta immediate cause (a). ony should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removal, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. NO DO YES 🗍 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should HOUR A M PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X and in my apinian death resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner 5 may be retoined
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Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept.12,1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Dr. Benedict Skitarelic, M.D. NAME (Type) ADDRESS(Street, city, town, or county) Rt.9, Cumberland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Sept. 15, 1968 Cumberland, Allegany, Md Rose Hill Cemetery Buria 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md.

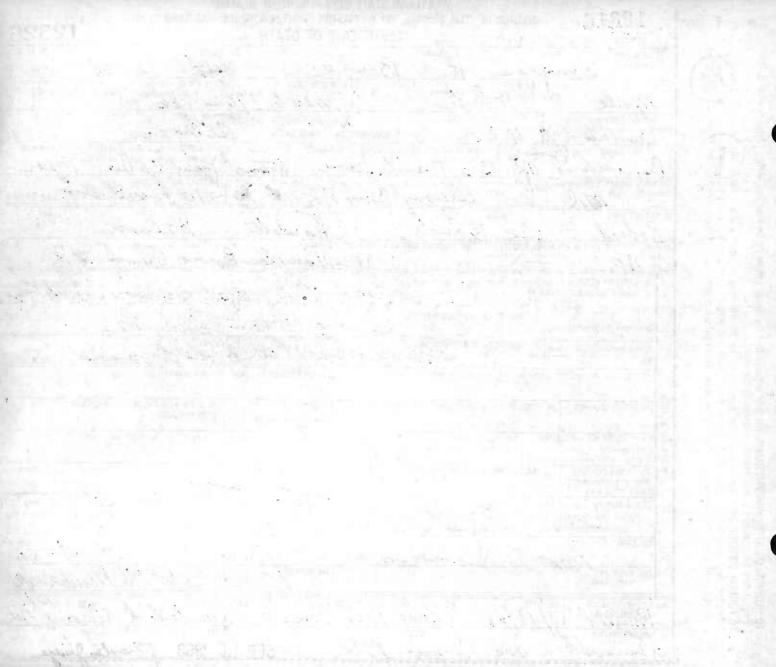
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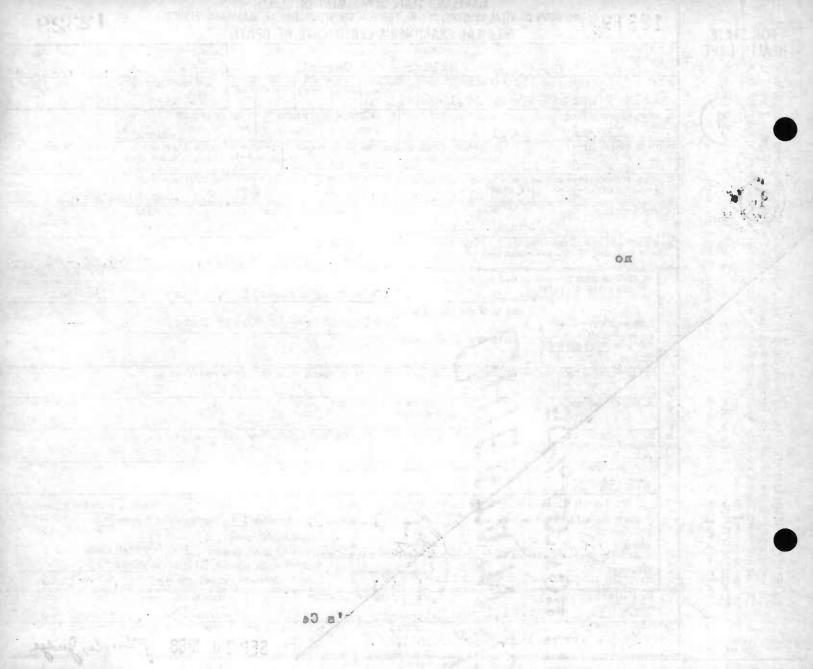
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ALL CONTRACTOR OF THE PARTY OF		12316 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12326
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TE STATE OF THE ST		(ype or print) Douglas R Bowie Seld Month 12 Day 68 Peor
)	3. SI	Male Shite S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS MIN. May 6. 1902 6. AGE (In years last birthday) MONTHS DAYS HOURS MIN.
	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED TO NEVER MARRIED TO SEATH
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11	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution; Regidence before 13c CITY OR TOWN 13d, MISIDE CITY LIMITS? 13 STREET AND NUMBER 13b. COUNTY Allegary Curve Med 120 Forces Grand Drive
1	14.	Role of E Los Bowie (harlotte Wilson)
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT. Mrs. Davielos Bowie Cumb. W. Q.
		18. CAUSE OF DEATH (Enter anly one cause per line to (q), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF (c)
	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
X	CERTIFICATION	YES NO CAUSES OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19
	ME	21d. INJURY OCCURRED While Not while at work Not work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State
		22a. I certify that (I) (this haspital) otended the deceased fram. 19 00, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did net) view the bady after death.
		22b. SIGNATURE ATTENDING DEGREE ATTENDING DIRECTOR STAFF PHYS. 22c. DATE SIGNED 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
1		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23. Centre At. Cumberlay
)		BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Country States) (Specify) 9/14/68 (Ose Hell Com. Cumberlad allegany 1/8c
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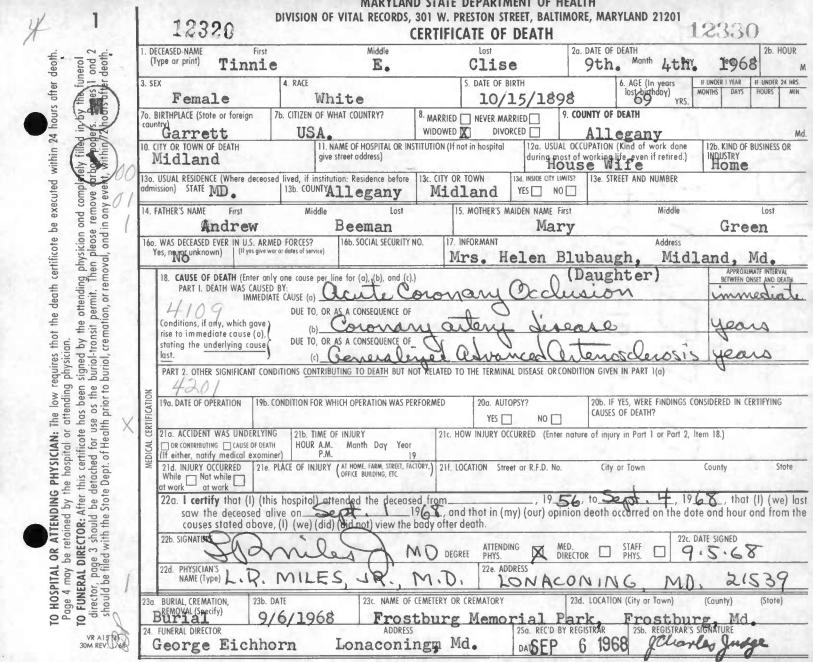


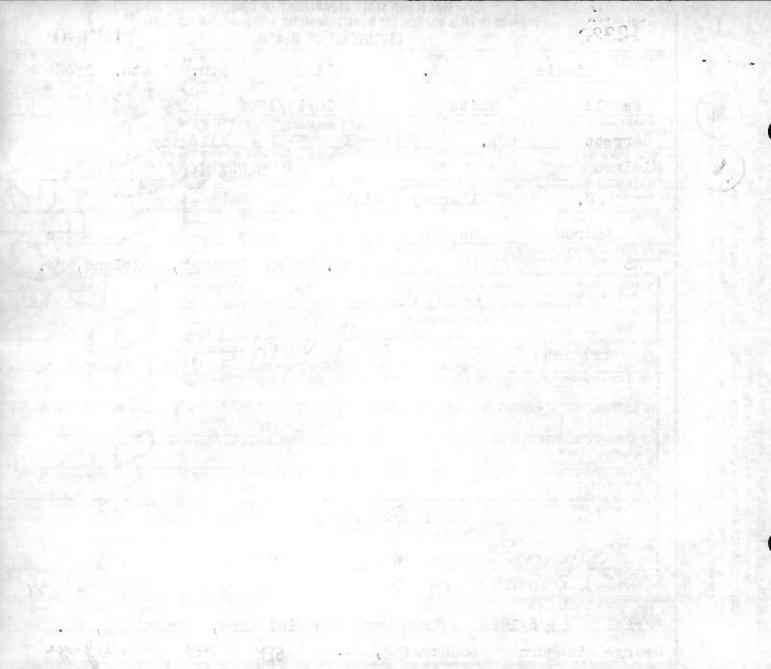
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN A Month Day 2b. HOUR (Type or Print) OF ESTI-DEATH MATED Sept. 16, 1968 Iny delay is 2, and 3 to PM3. Page Lloyd Floyd Carder a M 0 partment 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR July 28,1893 White Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland USA DIVORCED [Allegany WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR Memorial Hospital during most of working life even if the west in the real mounts give street oddress) Cumberland deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany admission) STATE Oldtown YES 🔀 NO 🗍 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 0 Silas P. Carder Rose A. Deffenbaugh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) Donald L. Carder, Oldtown, Md.-Son File APPROXIMATE INTERVAL be executed event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH 4 should be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY: GANGRENE OF BOWEL 16 Hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove MESENTERIC THROMBOSIS 11 rise to immediate cause (a), Word ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= ARTERIOSCLEROSIS writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES NO 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy X Inspection X. Inquiry XX and in my apinian Natural causes X. Accident . Suicide . Hamicide death resulted fram: Undetermined manner 5 may be retained TO FUNERAL DIF CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER September 16, 1968 **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or coutUMBERLAND, MARYLAND NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Sept. 16, 1968 Oldtown Cemetery Oldtown, Md. Allegany 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. VR A15ME [5]

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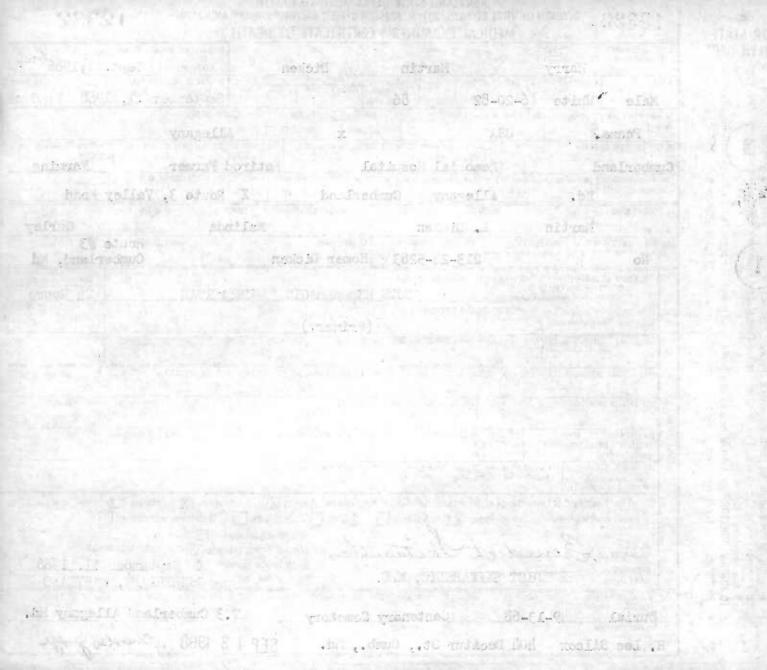
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	L	BURIAL, CREMATION, 23b. I REMOVAL (Specify) SO	110		To REC'D BY REGIST		(Cauaty) MTD AR'S SIGNATURE	(State)
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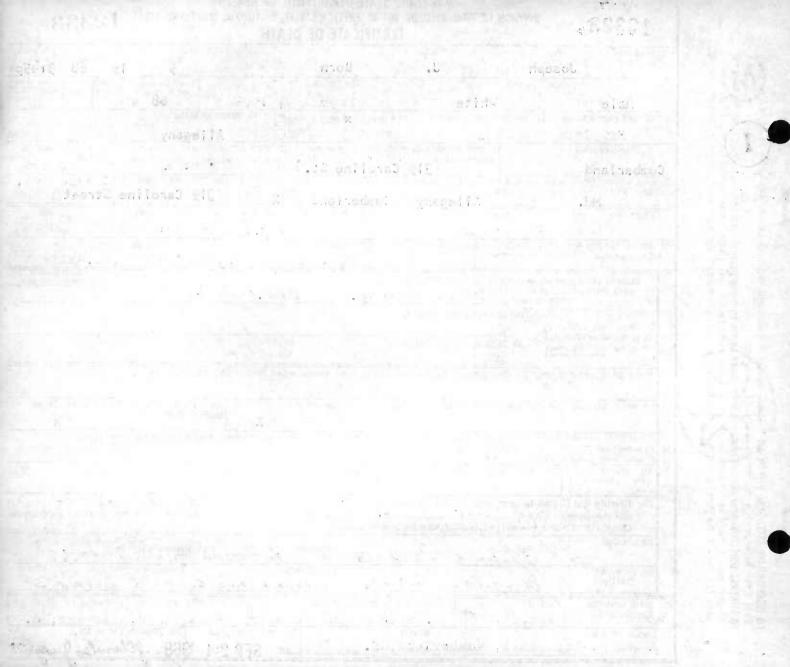
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN (Type or Print) 2, and 3 to PM3. Page Sept. 11.1968 Harry Martin Dicken DEATH MATED 10 partment IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX S. DATE OF BIRTH September 11, 1968 19 7:10 am 86 White 6-20-82 Male 7o. 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Penna. DIVORCED [Allegany USA Give Pages Withthe 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Retired Farmer give street address)
Memorial Hospital INDUSTRY Cumberland Farming s Office olong 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN with death. 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER 13b. COUNTY Legany admission) STATE Cumberland YES NO Route 3, Valley Road lond 2 ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Martin Malinda Gurley L. Dicken u pages ADDRESS Route #3 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 213-24-5283 Cumberland, Md Homer Dicken within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2h Hours ACUTE HEMORRHAGIC PANCREATITIS IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave (Primary) rise ta immediate cause (o). any should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES Y NO. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town State County factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autapsy X, Inspection X Inquiry XX and in my opinian Natural causes XX, Accident . Suicide . deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER 5 me, TO FUNERA. Health prior t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X September 11. 1968 **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or COMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) RT.3 Cumberland Allegany Md. 9-13-68 Centenary Cemetery Burial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1968 hOh Decatur St., Cumb., Md. H. Lee Silcox

MAKTLAND STATE DEPAKIMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12334 12324 CERTIFICATE OF DEATH 2a. DATE OF DEATH I DECEASED-NAME First Middle Inst 2b. HOUR death. 0 P (Type or print) Year Elizabeth Mackey Durst. Sentember 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. nfter MONTHS I HOURS last birthday) ve carban papersk, Prae event, within 72 hours at White Female June 21. 1891 within 24 haurs 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🖾 NEVER MARRIED country) filled in II S WIDOWED [DIVORCED [Allegany Marvland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give sfreet address) during mast of warking life, even if retired.) INDUSTRY Near Cumberland Baltimore Pike ousewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? et admission) STATE 13b. COUNTY NO Cumberland Street lary land Allegany Cumberland In any rem 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Stevenson Marv John George pub OR ATTENDING PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na. ar unknawn) (If yes give war or dates of service) burial, crematian, ar remaval, 214-05-4322 Balto Pike Mrs. Robert Altstetter. Cumberlar 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Heart Disease years permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) been priar to as the Diabetes mellitus 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20g. AUTOPSY? has CAUSES OF DEATH? NO X YES [of Health TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I **certify** that (I) (this haspital) attended the deceased from saw the deceased alive an 0 - 1 22. ta 19 68 and that in (my) (aur) apinian death accurred an the date and haur and from the 3 shauld 1 with the S causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING director, page 3 shauld be filed v O 9-30-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Ralph W. Ballin, M.B. NAME (Type) 62 Greene St., Cumberland, Md. 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Near Cumberland Alleg 9 Hillcrest Burial Park ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Hafer. Balto Ave. Cumberland MATE OCT

The Contract Pener Witness and statement in the second of the second

	12325		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	more, maritano 21201	12335				
	CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR				
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-		sed lived, if institution: Residence before/			Own Farm				
	ssion) STATE Md.	13b. COUNTY Garrett							
14.5			TIOSCOUIS -	A R.D.					
14. 1	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		Lost				
	Wesley	y Durst	Sa	rah	Layman				
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	NO	220-38-0	020% Charles Du	rst, Star Rt., F	rostburg, Mc				
	18. CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), and (c).			BETWEEN DISET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE BRAIN SYNTROME								
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TIO	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING				
CERTIFICATION	9/20/60 1	ENTRAL HERN	YES NO	CALIEFE OF DEATHS					
CERT	21o. ACCIDENT WAS UNDERLYI			er noture of injury in Port 1 or Port 2,	Item 18)				
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yeor		or injury in roll 1 of roll 2,					
MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e	iner) P.M. 19	TORY \ O16 LOCATION Street C- D.C.D. No.	Ciby on Town	County State				
		. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ZIT, LUCATION STREET OF K.F.D. NO	c. City or Town	Caunty Stote				
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	22b. SIGNATURE	1		22c.	DATE SIGNED ,				
	G. Faen	Atrong	DEGREE PHYS.	MED. DIRECTOR PHYS.	9/21/67				
101	22d. PHYSICIAN'S	24	22e. ADDRESS		177.7				
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230.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
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24.	EUNERAL DIRECTOR	ADDRESS	Zo REC'D.	BA-LECHTORS TO THE STEPLES	S.G. WILLIAM				
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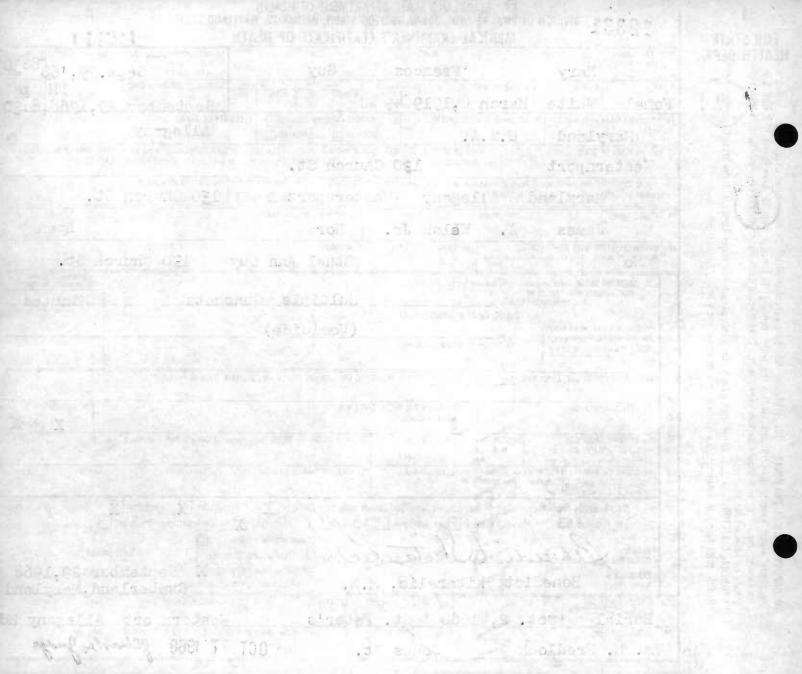
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3.	FEMALE	4. RACE WHITE		S. DATE OF E		6. AGE (In y lost birthde	rears IF to MON YRS.	UNDER 1 YEAR VIHS DAYS	HOURS MIN.
70	BIRTHPLACE (Stote or foreign guntry) MD.	7b. CITIZEN OF WHAT			ORCED	UNTY OF DEATH		LEGANY	
10	CUMBERLAND	11. NAME	ED HEART	HOSPITAL	durin HOUS	CUPATION (Kind of war Everking life, even if r	rk dane 1 etired.)	12b. KIND OF E INDUSTRY	IUSINESS OR
13 od	a. USUAL RESIDENCE (Where de Imission) STATE MARYLA	ND 13b. COUNTY A	Residence befare LEGANY	13c. CITY OR TOWN CUMBERLAND	YES NO	BOX 363	MBER -WINCH	ESTER	ROAD
		Middle	Lost METZ	NER	MAIDEN NAME First	BLIZA	MOODY		Lost BENSTEIN
	Yes, no, or unity wn) (If yes	give war or dates of service)		301 SACRED	HEART HOSE		BERLAN	D, MAR	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause per line f AUSED BY: MEDIATE CAUSE (a)	YOCARD I A	L FAILURE				BEDWEEN OF	SET AND DEATH
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	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. /	Month Day Year 19	NON	IE	ure of injury in Port 1 o	r Part 2, Item	n 18.)	-65
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- DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. 1. DECEASED-NAME 20 DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED 79-21-68 Grenoble Amanda Emma. S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SFX 4 RACE 6. AGE (In years March 11, 1887 Female White 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Allegany Cumberland. U. S. A. WIDOWED [X] DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.)
Ret. Press Feeder Printing give street oddress) Memorial Hosp. Cumberland. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Manusand 13b. COUNTY Allegany Cumberland. 210 Maryland Ave. YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ulrich Wiebel Lehman Bertha 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, or unknown) Mr. Frank L. Wiebel 718 Oldtown Rd. Cumb. Md. 214-05-4105 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION minute: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Coronary shauld be Conditions, if ony, which gove Thrombosis Minute: rise to immediate couse (a), DUF TO OR AS A CONSEQUENCE OF stoting the underlying couse Coronary Sclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy , Inspection I Inquiry and in my opinion deoth resulted from: Natural causes X. Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X September 21, 1968 5 may be TO FUNER. Health p **EXAMINER'S** BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or count CUMBERLAND . MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE (County) Cumberland, Allegany 9/25/68 Rose Hill Mausoleum ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Maryland VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Last 2g DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED Sept Poge Marv Frances Guv 3 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX PM3. 49 White March 8.1919 Female entember 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Allegany with form U.S.A. Maryland WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) INDUSTRY Westernport Church St. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEMaryland 3b. COUNTILegany Westernports X NO 130 Church St. 00 ofter Middle Last 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last James Walsh Jr. Nora Ryan hours .⊑ 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** certificate should be executed within (Yes, no prunknawn) 130 Church St. Ethel Ann Guv File within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEAT PART I, DEATH WAS CAUSED BY Multiple Gunshots Minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave (Homicide) rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X please execute the certificate, NO [] pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town State County factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection X, Inquiry X and in my opinion Suicide death resulted from: Natural causes Accident Hamicide X Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X September 29.1968 EXAMINER'S 5 moy ro FUNE Heolth Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or countinumberland, Maryland NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Oct. Peter's St. Westernport Alleganw Md 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) Wm. H. Fredlock Jones St. 10M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) Page Ral ph DEATH MATED Sept. 29.1968 Sartment of 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c DATE PRONOUNCED DEAD puo P.M.3 September Doy Male White 7b. CITIZEN OF WHAT COUNTRY? 7a. 8IRTHPLACE (State or foreign MARRIED NEVER MARRIED te De with farm WIDOWED [DIVORCED [Allegany Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Hardware Church St. Westernport 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 00 Md. llegany Westernport X NO [Church land2 First 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Guv Ethel Boggs the Chief Medical Examiner's pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yespno, or unknown) 130 220-10-1319 Ethel Ann Guy Church within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY Gunshot of Head Sudden IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF (Suicide) burial-transit Conditions, if ony, which gove rise to immediate couse (a). certificate shauld the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YESX X NO 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy K. Inspection K Inquiry XX and in my apinian death resulted fram: Natural causes Accident Suicide X. Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Sept. 29. 1968 **EXAMINER'S** SKITARELIC, M.D. ADDRESS(Street, city, town, or co. G. J.MBERLAND MARYLAND NAME (Type 50 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Westernport Alle REGISTRAR 256. REGISTRAR'S SIGNATURE Oct. 2, 1968 Allegany Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Fredlock Jones St. Piedmont, W. Va DATE OCT Milane VR A15ME (5) 1968

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) IOA .. Month 09 Doy 20 Yeor68 **HECK** CLARA 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 65 birthdoy) FEMALE PAULOH WHITE 03-16-08 on papers. Page within 72 hours af 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED .⊑ COMPRYI AND USA ALLEGANY WIDOWED V DIVORCED [Killed i 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR **CUMBERLAND** SACREDITEHEART HOSPITAL dulight SEWI Fing life, even if retired.) MARKE erely cremation, or removol, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE MARYLAND 13b. COUNTY ALLEGANY OLDTOWN ROUTE 1 YES Y remove 14. FATHER'S NAME DAN IEL Middle 1S. MOTHER'S MAIDEN NAME First Middle oud Last LEASURE PIPER RUTH requires that the death certificate be 16a, WAS DECEASED EVER IN U.S. ARMED FORCES?

(If yes give war or dates of sen 16b. SOCIAL SECURITY NO. 17. INFORMANT 900 SETON DR., CUMB., MD. NONE HOSP. RECORD (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospital or attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO D 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from G-11 - , 1965, ta G-20 1965, that (1) (we) last saw the deceased alive an G-1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS DR. L. BRINGS NAME (Type) 57 GREENE ST., CUMBERLAND, MD. 21502 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Near Cumberland Alleg Davis Memorial Park 2So. RFC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CUMB., MD. VR A15 (4) 30M REV. 1 8 Ocharles SEP 2.4

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12335 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle HIGGINS 2g. DATE OF DEATH within 24 haurs after death. Month 09 Doy 20 Year 68 MXEEXMS HOMER (Type or print) 3. SEX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 06-13-08 los (hithdoy) ician and campletely filled in by the lease semove carban papers. Pages and in any event, within 72 haurs aft MALE WHITE SHTHOM DAYS HOURS 7o. BIRTHPLACE (Stote or foreign count MARYLAND 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED ALLEGANY USA WIDOWED [7] DIVORCED [12a. USUAL OCCUPATION (Kind of work done dur SUPER MoSORife, even if retired.) 10. CITY OR TOWN OF DEATH
CUMBERLAND 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give s 6.4 GRED HEART HOSPITAL PUBLAC DE BUSINESS OR SCHOOLS paunoexa 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY ALLEGANY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES X NO IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle HIGGINS Middle PATRICK SCOTT requires that the death certificate 17. INFORMANT, RECORD 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. Granknown) (If yes give war or dates of serv 16b. SOCIAL SECURITY NO 900 SETONADR., CUMB., MD. (If yes give war or dates of service) burial, crematian, or remaval, 220-16-6974 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO K YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at work directar, page 3 should shauld be filed with the 22b_SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR 229 ADRESSETON DR., CUMB., MD. 21502 22d. PHYSICIAN'S KAUFMAN DR. MATTHEW L. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) HILLGREST BURIAL PARK GUMBERLAND 24. FUNERAL DIRECTOR 30M REV 1 8 DURST FUNERAL HOME FROSTBURG, MD. DATE SEP 2 5 1968

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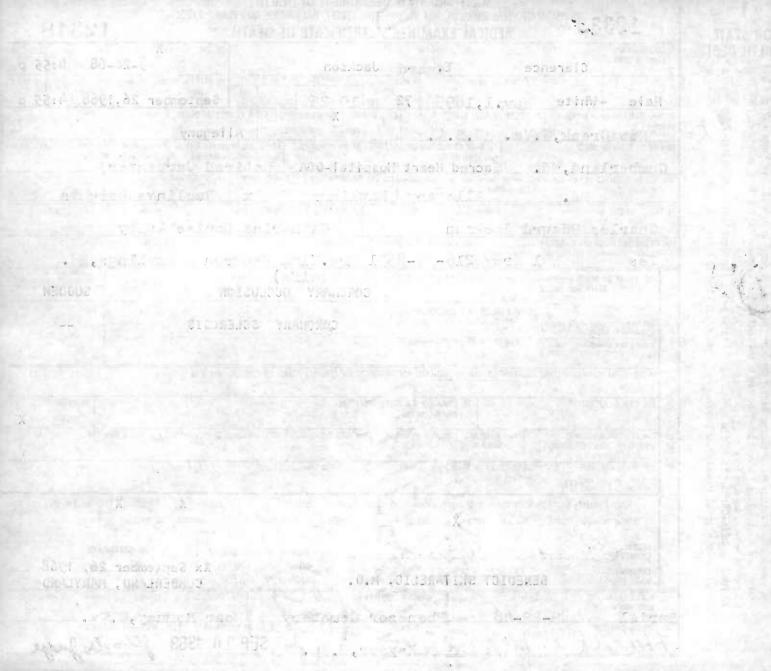
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12337 MAKILANU SIAIE VEPAKIMENI UT NEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 hours after deoth. (Type ar print) ORVEL R. SEPTEMBER HOWELL 4. RACE 3. 5EX 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years MALE last birthday) MONTHS HOURS WHITE FEBRUARY 3,1892 within 72 hour 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED BARTON, MD. ALLEGANY U.S.A. WIDOWED [DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af wark done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) Plumbing remove tarbon CUMBERLAND ompletely burial, cremation, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLANH 36. COUNTY CUMBERL ANDYES X NO 608 E.FIRST LEGANY 14. FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First ond **JEFFERSON** HOWELL HATTLE E. MOORE requires that the death certificate be Harriett 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 214-07-6973A MEMORIAL HOSPITAL CUMBERLAND 1B. CAUSE OF DEATH (Enter only one cause pe line for (a)=(b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the buriol-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached for use as the te Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M director, page 3 shauld be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED Street or R.F.D. No. State While Nat while 22a. I certify that (1) (this haspital) attended/the deceased fram and that in (my) (aur) apinion death occurred on the dote and hour and fram the saw the deceased alive on. causes stated above, (1) (we) (did/ (ad/not) view the body after death 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS 22d. PHYSICIAN CENTRE NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) (County) REMOVAL (Specify) Davis Memorial Cemetery Burial Cumberland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Miarley Judge Philip B. Wendt Memorial Ave., Cumb., Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 2a DATE KNOWNXT Month 2b. HOUR (Type or Print) OF ESTI-9-26-68 14=55 PM Clarence Edward PM3. Page Jackson 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) September 26.1968 194:55 p.M White Male Nov.1.1895 YRS 70 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED farm WIDOWED [DIVORCED [Allegany New Creek.W. Va. 8. Give Pages 12a. USUAL OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Office along with land2 with the St during most of working life, even if retired.) INDUSTRY
Retired Carpenter Sacred Heart Hospital-DOA Cumberland . Md. 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY llegany Rawlings Rawlings Heights in Item 1 after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Charles Edawrd Jackson 24 Katherine Louise Ashby pages 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT within (Yes no, ar unknown) 216-09-8531 Mrs.Elma Jackson Rawlings . Md. Army APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave SCLEROSIS CORONARY rise to immediate cause (a). certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= writing the 4 should be farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate. NO K pe P 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY TOR CONTRIBUTING HOUR A M crematian. EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X and in my apinian death resulted fram: Natural causes X. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER XX September 26, 1968 5 may b ro FUNER Health EXAMINER'S BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or CUMBERLAND. MARYLAND NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Ebenezer Cemetery Near Burial 9-29-68 Near Romney W Va Y REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** Mlany VR A15ME (5) 1968 10M REV. 1/68



TIRTIBERO . C. . Market de l'estate de la company de l 16-3. JUST 197-11. N. --- 11 Land Sycamore 396

1	DIV	MAKTLAND 3 ISION OF VITAL RECORDS, 301	W DESTAN STREET PAI		
	12340	· · · · · · · · · · · · · · · · · · ·	TIFICATE OF DEATH		12350
	DECEASED-NAME First (Type or print) WILL	Middle B.	Last KISER	20. DATE OF DEATH SEPTEMBER	24. 1968 1:17 M
3.	MALE 4.	RACE WHITE	5. DATE OF BIRTH	6. AGE (In years lost birtheau)	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
	BIRTHPLACE (Stote or foreign 7b. Country) KEYSER, W. VA.		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md
	CITY OR TOWN OF DEATH CUMBERLAND, MD.	11. NAME OF HOSPITAL OR INSTITU give street address) MEMORIAL HOS	PITAL, CUMB N	ual Occupation (Kind of work d most of working life even if retire 11). Braheman	one 12b. KIND OF BUSINESS OR INDUSTRY BYORK
13d odr	USUAL RESIDENCE (Where deceosed livensian) STATE 13	ed, if institution: Residence before 13c b. COUNTY	CITY OR TOWN 13d. INSIDE CITY UMBERIAND YES YES	NO 496 WILL	LIAMS STREET
14.	FATHER'S NAME First CHARLES	Middle Lost E. KISER	1S. MOTHER'S MAIDEN NAME	First Middle MAUDE	le Last BLAIR
16	O. WAS DECEASED EVER IN U.S. ARMED FO Yes, no or unknown) (If yes give war ar dat		17. INFORMANT MEMORIAL HOS	Addre SPITAL, CUMBERL	AND, MARYLAND
N	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CA Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITION	Cause per line for (a), (b), and (c).) USE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NS CONTRIBUTING TO DEATH BUT NOT R	Jambie , Asc Jambie	RCONDITION GIVEN IN PART I(a)	APPROXIMATE INTERVAL BETWEEN ONET AND GRATH TENENGUE GOVER Zyro.
CEPTIFICATION	19a. DATE OF OPERATION 19b. CONDI	TION FOR WHICH OPERATION WAS PERFOR	YES NO [CALISES OF DEATHS	NGS CONSIDERED IN CERTIFYING
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Manth Day Year P.M. 19	21f. LOCATION Street or R.F.D. 1		County State
	220 certify that (1) (this ha	spitol) ottended the deceosed from 19 (we) (did) (did not) view the bod	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	, 1965, that (I) (we) los les date and hour and from the 22c. DATE SIGNED Opt 3 1968 CUMBERLAND, MD.
	BURIAL, CREMATION 23b, DATE BEMOVAL (Specify)	5/68 Sunsey ADDRESS	Meno. Ph	23d. LOCATION (City or Town) Cushilists By REGISTRAR 2Sb. REGIST	(County) (State) RAR'S SIGNATURE

		Ttem#13c.e. FilmG105 10/18/68 CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost Lost SEPTEMBER 20, 13	2b. How M 10:50
	3. SE	EX 4 RACE S. DATE OF BIRTH 6. AGE (LD years 15 UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	70. E	Maryland WIDOWED DIVORCED	Md.
		CUMBERLAND give street oddress) MEMORIAL HOSPI date most of working life, even if retired.)	IND OF BUSINESS OR STRY
1	13a. odmi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE MARYLAND 3b. COUNTY ALLEGANY CUMBERICAND NO 59 McCulloh St.	
1		FATHER'S NAME First Middle Lost ISABELLE Middle F. LANGLEY ISABELLE	KERR
	16a. Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dottes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL, CUMBERLAN	ND, MD.
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK	6 days
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO DIVERTICALITY DUE DUE TO, OR AS A CONSEQUENCE OF DUE DUE TO, OR AS A CONSEQUENCE OF DUE (c)	
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5721 Right hemipaces is	
2	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Item 18.) Contributing Cause of Oeath (If either, notify medical examiner) P.M. 19	
2	ME	While Nat while of wark	IEDA
		22a. I certify that (1) (this hospital) attended the deceosed fram 4-18, 1968, to 9-20, 1968, saw the deceosed alive on 9-20, 1968, and that in (my) (out) apinian death accurred an the date and causes stated above, (1) (we) (did) (did not) view the bady after death.	haur and fram the
		22b. SIGNATURE SIGNATURE STAFF DIRECTOR	NED -1-68
1		22d. PHYSICIAN'S NAME (Type) DR. CARIXKON XIXIX KINXIX KIN	
		Burial, Cremation, 23b. Date 9/23/68 23c. Name of Cemetery or Crematory Count Count Count A. 23d. Location (City or Town) A.	(State)
		FUNERAL DIRECTOR FUNERAL DIRECTOR ADDRESS ADD	Dr

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	3. SE	MALE	4. RACE	WHITE		S. DATE OF BIR	/15/15	6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.
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mplet carred	13o. odm	USUAL RESIDENCE (Where decision) STATE PENNA.	eosed lived, if institution 136. COUNTY	ution: Residence before	13c. CITY OR		YES NO			
0 0 0	14. 1	FATHER'S NAME First FRANK	Middle	LA RU		S. MOTHER'S MA	IDEN NAME First	Middle ELSIE		Lost
icate b sician please 1, and i	160.	WAS DECEASED EVER IN U.S.	ive war or dates of service)	16b. SOCIAL SECURITY N	0. 17. 1	NFORMANT	ELX	Addres		PYLE
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercise to retained by the haspital or attending physician. NIRECTOR: After this certificate has been signed by the attending physician and cannot be a should be detached far use as the burial-transit permit. Then please remays with the State Dept. of Health priar ta burial, crematian, or removal, and in any		18. CAUSE OF DEATH (Enter	anly one cause per USED BY:	line far (a), (b), and (c).) RUATURE	_	SOPHUL		VARRICKS	APPROX BETWEEN	XIMATE INTERVAL ONSET AND GEATH
t the dec the atten sit permi		57/0 Conditions, if any, which gar	ve)	AS A CONSEQUENCE OF		PRHO		**************************************	4	VRS
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t: The law requires the or attending physician te has been signed by use as the burial-traicalth priar ta burial, cre	NC	~	DUUDRI	JAL	ULe	FR				
The lay attend has be se as the prior	CERTIFICATION	190. DATE OF OPERATION 1	9b. CONDITION FOR W	/HICH OPERATION WAS PER	FORMED	20a. AUTOF	PSY?	2Db. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN	CERTIFYING
DING PHYSICIAN: The law ruby the haspital or attending lifer this certificate has been be detached far use as the State Dept. of Health priar ta	MEDICAL CE	210. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUSE OF (If either, notify medical exc	DEATH HOUR A.M	. Month Doy Year	21c. H	OW INJURY OCC	URRED (Enter no	sture of injury in Part 1 or Por	† 2, Item 18.)	
G PHYSICIAL the haspital this certifice detached fai	ME	21d. INJURY OCCURRED While Not while at work of work	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		OCATION Street		City or Town	Caunty	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta		22a. I certify that (I) saw the deceased	(this hospital) at d alive on2 ave (1) (we)(did	ttended the decease SEPT 19 (did not) view the b	d fram 9 6 8, an	בו טקט כ d that in (my death.	, 19 <u>6</u> y) (our) apinio	nn death accurred an the	19 <u>48</u> , tha e dote and havr	(t) (we) last and from the
may be retained RAI DIRECTOR: A regined 3 shauld be filed with the		22b. SIGNATURE	Jon .	2e	DEGR	ATTENDIN	IG MED.	CTOR STAFF PHYS.	22c. DATE SIGNED 9-26-6	8
SPITAL 4 may k IERAL D ar, page d be file			NDDOCK MED			22e. ADDF	RESS	DRIVE CUMBER	LAND, MD.	21502
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag shauld be fil		REMOVAL (Specify)	36. DATE SEPT 28, 19		CA	METE	- Ry	3d. LOCATION (City or Town) MEYERS OALE		(State)
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR PRISO	E FUNERI eckonly	AL HOME ADDRESS	325 M	DALE, PA	25g. REC'D BY R	3 0 1968 2C	RAR'S SIGNATURE	udges .

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		MARYLAI	ND STATE DEPARTMENT	OF HEALTH	
	12343	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	12353
	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	Day Year 25. HOUR
(1	ype or print)	YDE E.	LASHLEY	SEPTEMBER	
3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	4 1968 10 - 1
	MALE	WHITE	12-25-1		MONTHS DAYS HOURS MIN
7o. B	NRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
	PENN.	U.S.A.	WIDOWED DIVORCED 5	ALLE-UAWI	Λ
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If not in hospital 12	a. USUAL OCCUPATION (Kind of work don	12b. KIND OF BUSINESS OR
	UMBERLAND	give street address AL		ring most of working life, even if retired	INDUSTRY Grocery Sto
13a.	reion) CTATE	sed lived, if institution: Residence befare		DE CITY LIMITS? 13e. STREET AND NUMBER	
GOITH	MD.	ALLEGAN'	CUMBERLANDYES S	NO LI SOUT	H LEF ST
14. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN N		Last
	LORE	NZO LASHLI	EY	AMY	SCHRIVER
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY		Address	
Y	es, ng Sunknown) (If yes give	war or dates of service)	MEMOR I AL	HOSPITAL, CUMB	ERLAND, MD.
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (o), (b), and (c		/	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	in Of	, Ath	BETWEEN ONSET AND DEATH
100	IMMEDI	ATE CAUSE (0)		my wy	- hulli
100	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	ed att		-1 000 000
	rise to immediate cause (o),	(b)	- on area	3 0	
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	last.	(c)			
2	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE ORCONDITION GIVEN IN PART 1(a)	
ATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
CERTIFICATION			YES 🗀	NO CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part	2, Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEA		19		
ME	21d INTURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, F.		F.D. Na. City ar Town	County State
	While Not while at work of work	OFFICE BUILDING, ETC.	10	0.11	,
		is hospital attended the deceo	sed from	1991 to 1914	196 L that (I) (we) Id
	saw the deceased o	live on	19 Land that in (my) (ou	ur) apinion deoth occurred on the	dote and hour and from t
	couses stated obov	e, (I) (we) (did) (did nat) view the	bady ofter deoth.	, 45,000	do to dila noor ond nom
	22b. SIGNATURE		ATTENDING	23	2c. DATE SIGNED
	18TH	Men	DEGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR DIVINE	17/1
	22d. PHYSICIAN'S		22e. ADDRESS	43 GREENE ST.,	11/01
	NAME (Type) DR.	BLANE SCHINDLEF	CUMBE	RLAND, MD.	
23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
			t Memorial Parl		legany, Md.
24.		arplli, Cumberlan	2Sa. F	REC'D BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE
	James F. DC	arpill, umberlan		SEP 1 0 1968 PCL	well Judge

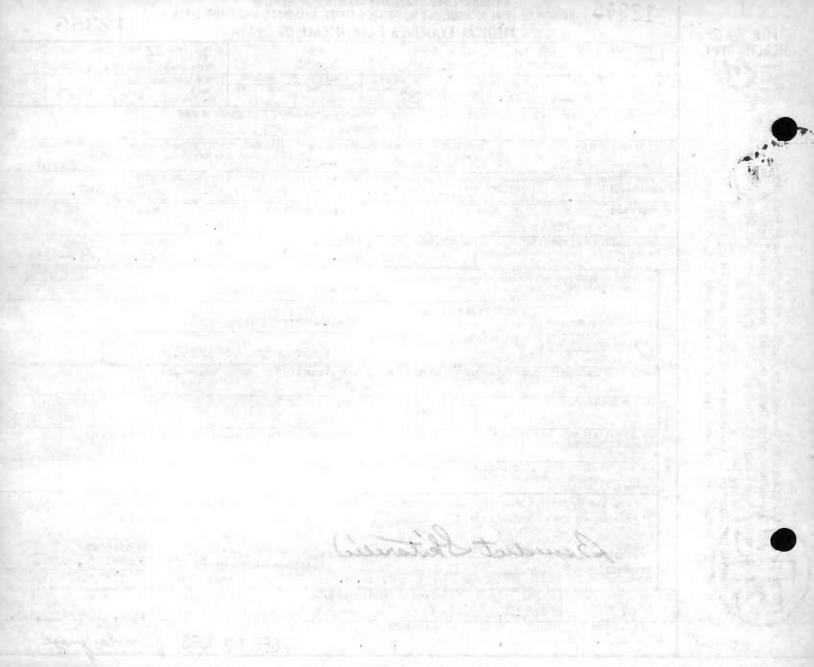
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	MARYLAND STATE DEPARTMENT OF HEALTH 1 2 3 4 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE	1234 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2354
ALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN \$\times 1 Month Dov	
of de a	(Type or Print) Calton R. Lepley OF ESTI- DEATH MATED Sept. 3, 1	
2	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
	Male White Aug. 20, 1910 58 YRS. MONTHS DAYS HOURS MIN SEPTEMBER 3, 1968	Xeor 19 1:40p1
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	, 1 1 1 1 1 Op 1
oldie M	(ountry)	N
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b.)	KIND OF BUSINESS OR
132	Gumberland Give street oddress Gumberland Gumberla	Agricul
€		THE TOUL
haurs after death.	odmission) STATE Ponna Lyb. COUNTY Somerset Hyndman YES NO RD#1	
atter	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
50	Norman Lepley Hanna Tro	outman
haurs	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	4-1-
72 h	(Yes, no, or unknown) (If yes give war or dates of service) 194-16-5640 Mrs. Calton Lepley. Hyndma	an. PaRD#
.E	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MEN.	DADT I DEATH WAS CALISED BY	SUDDEN
nd in any event within 72	916 X DUE TO, OR AS A CONSEQUENCE OF	
event within	Conditions, if only, which gove rise to immediate couse (a), (b) FRACTURE OF RIGHT ANKLE	5 DAYS
A L	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Here man
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	9/0,/	
1	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port Lor Port 2 Item IB	20. AUTOPSY?
1	HAS TENTORMED!	YES NO
	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 210. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR ### 9 30 69	.)
	CAUSE OF DEATH 18:00 P.M. 0-29-099 Free Fell on Teg	
		unty Stote
5	WHILE AT WORK AT WORK Neighbors Farm Rt. #1 Hyndman, Bedford, Pennsylv	√ania
	22a. I certify that I taak charge af the remains described abave, held an Autapsy 💢 Inspection 🛴 , Inquiry 💢 ,	and in my apiniar
burial,	death resulted fram: Natural causes 🗌 , Accident 🗷 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
r to	CHIEF MEDICAL EXAMINER	
priar ta	SIGNATURE Denedict Sketarelia M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE	
	EXAMINER'S DEPUTY MEDICAL EXAMINER September 3	, 1968
Health 2	NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or contyNBERLAND, MA	ARYLAND
王	230. BURIAL, CREMATION, REMOVAL Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Coun	
	Buyial Sept. 7,1968 Madley Cemetery Buffalo Mills,	
(5)	24 FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIGNAL	
	Harvay N. Zugler Hyndman, Pa. DAISEP 9 1968 Icharles	mage

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12346	DIVISION OF VITAL RECORDS	OF STATE DEPARTMENT OF 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		12356
1. DECEASED-NAME First (Type or print) LEN	A Middle	LINABURG	SEPTEMBER 500	196 ⁸ 12:22 PM
3. SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH 2-20-05	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country) W. VA.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED MEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY CO	Md.
10. CITY OR TOWN OF DEATH CUMBERLAN	D give street address AL	HOSPITAL during m	AL OCCUPATION (Kind of work done nost of morking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Own Home
odmission) STATE WARYLAND	ed lived, if institution: Residence befare 13b. COUNTY ALLEGANY	CUMBERLAND ES X N	0□ 26 W. FIF	ST STREET
14. FATHER'S NAME First HENRY	Middle Last WHITE		DA (RAINES)	HAINES
16a. WAS DECEASED EVER IN U.S. ARN Yes, no, or unknown) (If yes give w	IED FORCES? 16b. SOCIAL SECURITY or dates of service)		SPITAL, CUMBERL	
Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF	editis & Deen	eroses CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL GETWEN ONSET AND DEATH 1966 4 mn 5 yn
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OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Year	9	er noture of injury in Port 1 or Port 2,	Item 18.)
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22b. SIGNATURE	Suret		MED. STAFF 22c.	DATE SIGNED 68
	C.E.DURRETT		RGINIA AVE., CL	
23a. BURIAL, CREMATION, REMOVAL (Specify) Seg		CEMETERY OR CREMATORY Connected Conn		
24. FUNERAL DIRECTOR James F. Scar	rpelli, Cumberla	7 207	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE Confee

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MARYLAND STATE DEPARTMENT OF HEALTH

Barting Language and March State of the Control of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20. DATE OF DEATH 2b. HOUR First Middle 1. DECEASED-NAME Manth (Type or print) WILLIAM MC CLEARY SEPTEMBER 4. RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 1 YEAR 3. SEX ecuted within 24 haurs after and in any event, within 72 haurs after last birthdoy) MALE WHITE 09-17-02 and completely filled in by remave carban papers. Po 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED country) WEST VIRGINIA USA ALLEGANY WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street geldrees ED during most of warking life, even if retired.) RA I LROAD CUMBERLAND, MD. HEART HOSP. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE MARYLAND 13b. COUNTY ALLEGANY YES Y CUMBERLAND NO 216 N. CENTRE ST Middle 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First MC CLEARY CHARLES PETERS LAURA MC CLEARY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) 705-07-9645 HOSPITAL RECORD, 900 SETON DRIVE, CUMB., MD remayal, requires that the death certifi 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
MYOCARDIAL
INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) HYPERTROPHY OF PROSTATE, URINARY RETENTION, UREMIA TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO KT YES 🖂 far use Health be retained by the haspital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City ar Town Caunty While Nat while at work 22a. I certify that (1) (this haspitol) ottended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an_ causes stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 9-23-68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) R. W. BALLIN, M.D. 62 GREENE ST., CUMBERLAND, MD 23a. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE (State) 25a. REC'D BY REGISTRAR VR A15 (4) OCT 1 30M REV.

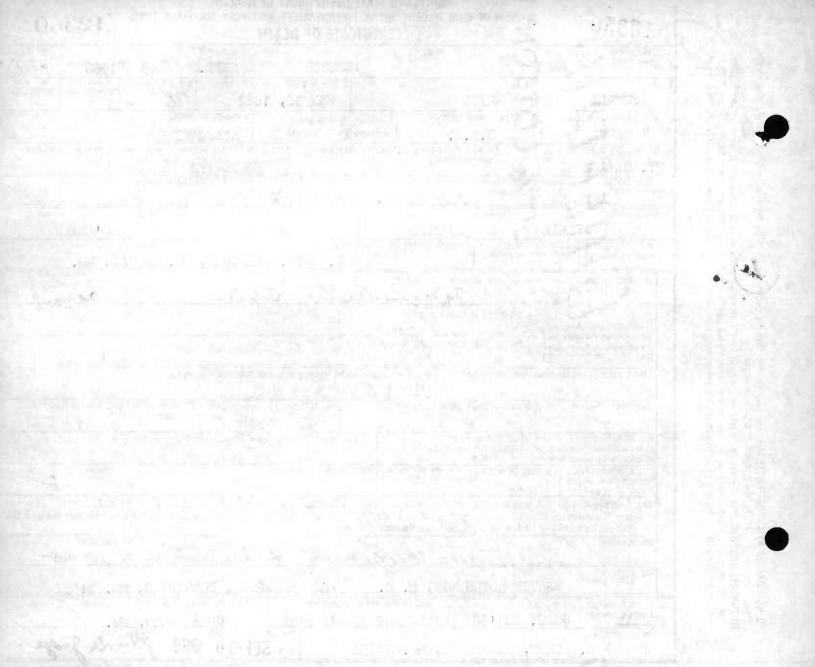
MARYLAND STATE DEPARTMENT OF HEALTH

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	(Type or print)	CECIL	W	MC KENZIE	I.O. DATE	Month 1 Pay	68 8	3:45A M
	3. SEX	4. RA	CE HITE	S. DATE OF BIRTH 10 - 11	-95	6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	70. BIRTHPLACE (Stote count MARYLA	or foreign 7b. CITIZ	EN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	_ AL	LEGANY		Md.
50	10. CITY OR TOWN OF CUMBER	LAND	11. NAME OF HOSPITAL OR IN	L HOSPITAL	uring most of workin PATNTE		12b. KIND OF E INDUSTRY SET F	
21	13o. USUAL RESIDENCE odmission) STATELA	(Where deceosed lived, RYLAND 13b.	if institution: Residence before	CRESAPTOWN YES	NO NO	TREET AND NUMBER		
1	14. FATHER'S NAME	First DANIEL	R MCKEN		NAME First MARY	Middle JEANETT	EHILE	
	Yes, no, or unknow	VER IN U.S. ARMED FORCE (If yes give war or dates a		MEMODIA	AL HOSPIT	AL CUMBI	ERLAND,	
	18. CAUSE OF I PART I. DE 1549 Conditions, if or rise to immedia stoting the una	ATH WAS CAUSED BY: IMMEDIATE CAUSE OUI Y, which gove ote couse (o), erlying couse DUI	TO, OR AS A CONSEQUENCE OF (b) 2 CONSEQUENCE OF	importio	n boois			NATE INTERVAL USET AND DEATH Cory
2	PART 2. OTHER CELL 190. DATE OF OPE Whom 19	SIGNIFICANT CONDITIONS THE CONTRACTION 196. CONDITION 196. CONDITION 196. CONDITION 196.		YES	NO CAUS	IF YES, WERE FINDINGS CES OF DEATH?		ctean RTIFYING
	OR CONTRIBUTING	medical examiner)	b. TIME OF INJURY DUR A.M. Month Doy Yeor P.M. 1 FINJURY (AT HOME, FARM, STREET, FA			ury in Port 1 or Port 2,	County	Stote
	saw the	ork (I) (this hosp deceased alive on	ital) attended the deceas re) (did) (did not) view the	ed from 19, and that in (my) (c	. 19, ta	occurred on the do	, that ite and haur o	(I) (we) last and from the
	22b. SIGNATURE 22d. PHYSICIAN' NAME (Type	DR. THOM	Jewis,	ATTENDING PHYS. 22e. ADDRESS CUM	MED. DIRECTOR BERLAND,	STAFF PHYS.	DATE SIGNED	5
1	230. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE		CEMETERY OR CREMATORY		ION (City or Town)	(County)	(Stote)

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s after the fun ages i	3. SE	MALE	4. RACE WHITE	S. DATE (12-20-88	6. AGE (In years lost birthdoy) YRS.	IF UNOER 1 YEAR IF UNOER 24 HRS. MONTHS DAYS HOURS MIN.
ya nin		BIRTHPLACE (State or foreign PA.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.		DIVORCED	TY OF DEATH ALLEGANY	Md
Fill Spin 50	10. C	ITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL OR I give street address MEMORIAL	NSTITUTION (If not in hospi	during most of wo	ATION (Kind of work done irking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
and campletely filled in by remave carbon pages; in any event, within 12 2		USUAL RESIDENCE (Where deceosissian) STATE	ed lived, if institution: Residence before 13b. COUNTY	HYNDMAN		3e. STREET AND NUMBER	
Ju au	14. [ATHER'S NAME First JACOE	Middle Lost MOWRY	IS. MOTHER	'S MAIDEN NAME First MIRIAH	Middle	Last RMAN
The law requires that the death certificate be attending physician. has been signed by the attending physician arese as the burial-transit permit. The prior to burial, crematian, ar removal, and in		WAS DECEASED EVER IN U.S. ARA es, no, ar unknown) (If yes give w	MED FORCES? rar or dates of service) 16b. SOCIAL SECURITY			Address I TAL, CUMBER	LAND. MD.
DIRECTOR: After this certificate has been signed by the attending it 3 shauld be detached far use as the burial-transit permit. It ed with the State Dept. at Health priar ta burial, crematian, ar rem	TION	4221	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	NOT RELATED TO THE TER		I GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS (1	ONSIDERED IN CERTIFYING
rificate has been a for use as the taff Health priar tab	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAL (If either, notify medical exomi	IG 21b. TIME OF INJURY H HOUR A.M. Month Day Yea	YE 21c. HOW INJUR	S NO 💢	CAUSES OF DEATH? of injury in Port 1 or Part 2, 1	
he State Dept. a	MED	21d. INJURY OCCURRED 21e. While Not while at work at work 22a. I certify that (I) (the saw the deceased a	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. is haspital) attended the degea	sed fram 91	9 1 , 1968, to	City or Town	County Stote , that (I) (we) last te and haur and fram the
page 3 shau e filed with t		22b. SIGNATURE 22d. PHYSICIAN'S	W femme	DEGREE PHY	. ADDRESS	STAFF PHYS. 9	DATE/SIGNED/
director, page 3 should be detached for us should be filed with the State Dept. af Healt	23a.	BURIAL, CREMATION, 23b.		F CEMETERY OR CREMATO Ridge	RY 23d. L	OCATION (City or Town)	(County) (State), Bedford Co.
(15 (4) EV. 1/68	24.	FUNERAL DIRECTOR	ADDRE	25	2Sa. REC'D BY REGISTI	RAR 2Sb. REGISTRAR'S	

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		12352	DIVISION OF VITA	AL RECORDS, 301	W. PRESTO			RYLAND 21201		4000
		TOOOM		CER	TIFICATE	OF DEATH				1236
		ECEASED-NAME First Type or print) SA	ARAH	Middle E	MUR	ost PHY	20. DATE O	TENBER 5	1968	2b. HOUR 1:25PM
	3. SI	FEMALE	4. RACE WHITE		S. DA	TE OF BIRTH 3-28-188		6. AGE (In years last biotypey)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
		BIRTHPLACE (Stote or foreign ntry) PENNA.	76. CITIZEN OF WHAT CO		ARRIED NE	VER MARRIED	9. COUNTY O	EGANY		Md.
1		CITY OR TOWN OF DEATH CUMBERLAN		HOSPITAL OR INSTITUT	ION (If not in he	ospitol 120. USU during m	AL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	13a. odm	USUAL RESIDENCE (Where decedission) STATE	osed lived, if institution: R 186. COUNTY		CITY OR TOWN	WEE .		TREET AND NUMBER OP NORTH	STREET	
	14.	FATHER'S NAME First	Middle	Lost		HER'S MAIDEN NAME	First	Middle		Lost
		LEWIS	S	TEINLEY		Н	UZANNA	1	HOUSEL	
		. WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17. INFORM	ANT		Address AL. CUMBER		MD.
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMED	FD RV.	ere bra	emboli	su			APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH LUT
		Canditions, if any, which gave rise ta immediate couse (a), stating the underlying cause last.	(b)	ASHD,	EHE	MI				
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	W	While Nat while at work	OFFIC	OME, FARM, STREET, FACTORY, E BUILDING, ETC.		N Street or R.F.D. No		y ar Town	County	State
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		22b. SIGNATURE	P. Dr	usrlee	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c. I	P-5-6	68
		22d. PHYSICIAN'S NAME (Type) DR.	V. DROSS		[456 N		RE ST., CU	MBERLA	AND, MD.
		REMOVAL (Specify)	PATE 8-68	23c. NAME OF CEME	TERY OR CREMA	la Cam	W.	ON (City or Town)	(County)	(State) Aa
	24.	FUNERAL DIRECTOR	De Quina	ADDRESS	. 1	SFP 2So. REC'D I	BY REGISTRAR	25b. REGISTRAR'S		

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20 DATE KNOWNE Month Day Yeor 2b. HOUR (Type or Print) Sept. 15'68 6 \mathbf{a}_{M} deloy is and 3 to Poge of Berman Norris DEATH MATED Department 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOLINCED DEAD 2d. HOUR PM3. September 15,4968 March 16,1899 Male White 6 a 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED form Give Poges 1, Maryland USA WIDOWED IT DIVORCED T Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress morial Hospital Retired Pipe Pickler-Steel Cumberland 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER oth odmission) STATE 13b. COUNTY Aliquippa 1104 Wade St. YES SET NO 24 hours in Item 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Middle Catherine Connars Isaac W. Norris hours within pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Mr.Alfred Padgett, Aliquippa. File APPROXIMATE INTERVAL .= within be executed IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY pending OCCLUSION CORONARY SUDBEN IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF buriol-transit CORONARY SCLEROSIS Conditions, if ony, which gove rise to immediate couse (a). This certificate should pleose execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION used 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [NO TX 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M burial, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: Poge foctory, office building, etc.) NOT WHILE I AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry Y and in my apinian retoined death resulted fram: Natural causes Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER moy be DEPUTY MEDICAL EXAMINER X September 15, 1968 TO FUN. Heolth BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or GUMBERLAND MARYLAND the 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Sept. 18, 1968 Aliguippa, Pa. Woodlawn Cemeterv 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. VR A15ME (5) 1968 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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• the hour	cau	GARRETT CO.	b. Citizen of What Co USA	WIDO	RIED X NEVER MARRIED		ANY CO.		Md.
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rtificate ohysicia on plea: ival, an		. WAS DECEASED EVER IN U.S. ARME (es) (If yes give wor	D FORCES? or dates of service)	OCIAL SECURITY NO. 05-05-9370	HOSP. RECOF	RØ SACRE	D HEART.,		
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carron pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event with a page.	×	18. CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED IMMEDIATION OF THE PART I. DEATH WAS CAUSED IMMEDIATION OF THE PART I. DEATH (Enter anly which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COND	BY: E CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	ENTERVIEW ONSEQUENCE OF		OR CONDITION GIV	EN IN PART 1(a)	APPROXIMATE BETWEEN ONSET /	IND DEATH
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ATTENDING PHYSIC stained by the haspit CTOR: After this certi should be detached ith the State Dept. of		22a. I certify that (I) (this saw the deceased alio couses stated above,	/e an 9-/	5- 1948	, and fhat in (my) (our)	19 <u>Le&</u> , to <u> </u>	occurred on the do	te and hour and	(we) last from the
O HOSPITAL OR ATTEND Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22b. SIGNATURE	Kring	n MD	DEGREE ATTENDING PHYS.	DIRECTOR	STAFF PHYS. D 9	DATE SIGNED	
ro Hospital Page 4 may To Funeral director, page 5 shauld be fi			. BRINGS				CUMBERLANI		
TO HO Page To Ful direc	_		16/68	23c. NAME OF CEMETER Gaster		Rt. 1	ON (City or Town) Swanton-Ge	rrett_Md	State)
30M REV 1/68	24.	FUNERAL DIRECTOR	HOME III C	HURCH ST.,	WESTERNPORTS	P 1 8 19	25b. REGISTRAR'S	SIGNATURE	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013 66 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. (Type or print) Month D. KATHLEEN POLAND 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF LINDER 24 HRS. last birthday) MONTHS DAYS ZGITÜH FEMALE WHITE 10-19-21 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH W. VA. U.S.A. WIDOWED | DIVORCED [ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

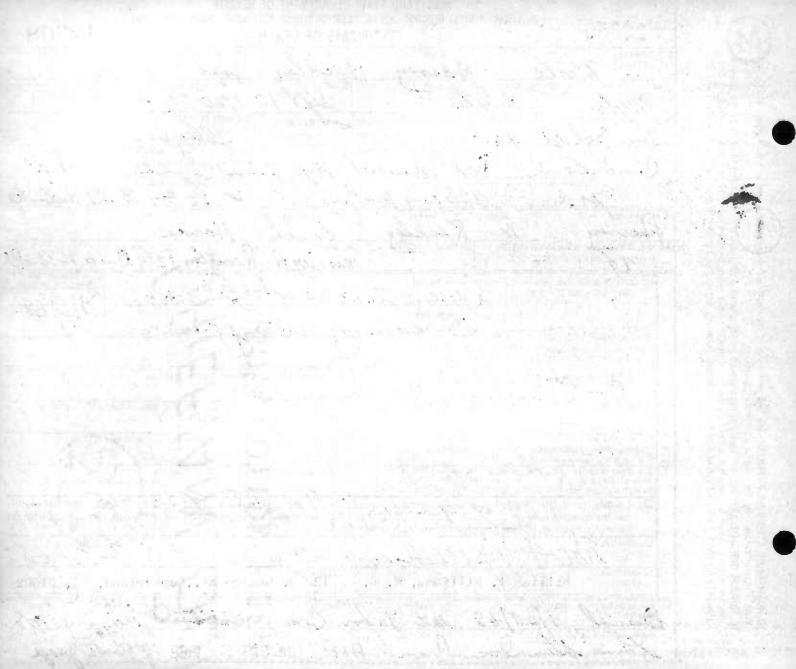
Homemaker give street address) INDUSTRY CUMBERLAND HOSPITAL. Home 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES NOV W. VA. RT. 4. BOX 105 KEYSER 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Middle HAROLD R. HARRISON DELIA ROBERTS and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) CUMBERLAND, MD. MEMORIAL HOSPITAL crematian, or remaval, 236 20 9025 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Fayer a may be the configurate has been director, page 3 should be detached for use as the the stack to the director, page 3 should be detached for use as the tend to the stack that the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark ATTENDING 22a. I certify that (1) (this hospital) attended the deceosed fram 13 45, 1965, to \$500 from the deceased alive on 4505 1965, ond that in (my) (aur) opinion death occurred an the dote and haur and from the causes stated obove, (N/we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 7 Sept 1968 PHYS. PHYS 22d. PHYSICIAN MIRKIN CUMBERLAND. MD. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Allegany Md. Moscow 7 Sept 68 gurel Hill 24. FUNERAL DIRECTOR VR A15(A) Va. Keyser,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12358 12368 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR First and 2 death. by the funeral Pages 1 and 2 Manth (Type or print) cuted within 24 haurs after deat burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 4. RACE IF UNOER 24 HRS 3. SEX BIRTH AGE (In years IF UNOER 1 YEAR last birthday) OAYS HÖHRS MONTHS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED campletely filled in DIVORCED [12a, USUAL OCCUPATION (Kind of 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF during most of warking lite give street address INDUSTRY 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YEST Middle 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NA physician 16b. SOCIAL SECURITY NO 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no oranknawn) (If yes give war ar dates of service) attending physics of their p 18. CAUSE OF DEATH (Enter only one cause per live for (a), (b), and (c).) ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES F NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 19/08 to 19 (ov.) and that in (my) (ov.) apinion death occurred on the dote and haur and from the sow the deceased alive on.... couses stated abave, (1) (we) (did) (did not) view the bady ofter death 22b. SIGNATURE 22c. DATE SIGNED MED. **ATTENDING** DIRECTOR PHYS PHYS 22d. PHYSICIAN'S William F. Williams, M. D. Centre St., Cumberland, Md 21502 NAME (Type) 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SPENATURE VR A15 (24) Ochanes 30M REV. OC DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Inst 2o. DATE OF DEATH 2b. HOUR A 1. DECEASED-NAME First 24 haurs after death (Type or print) В. REDMOND SEPTEMBER ROL AND 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR 3. SEX last dirthday) MALE COLORED MAY 11, 1898 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) PENNA. U.S.A. ALL EGANY WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR within during mast of working life, even if retired.)
Retired Baggage Porter INDUSTRY CUMBERLAND. MD. 13c, CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? crematian, ar remaval, and in any event, executed, 13b. COUNTY NO 426 PINE AVENUE 1S. MOTHER'S MAIDEN NAME First Middle lost 14. FATHER'S NAME Middle Last JONES The law requires that the death certificate be SAUL REDMOND NETTLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) (If yes give war or dates of service) MEMORIAL HOSPITAL CUMBERLAND. 705-05-11.82 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couses lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION_GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ar use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. DR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S DR. WILLIAM P. N. CENTRE ST., CUMBERLAND, MD NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) 9/ 5/1968 Cimberland Sumner Cemetery 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 1968 230 Balto Ave. Cumberland DASFP 30M REV

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ate g th ed t and	z	PART 2. OTHER S	GNIFICANT CONDIT	IONS CONTRIBUTIN	IG TO DEATH BI	JT NOT RELAT	ED TO THE TERMINAL	DISEASE OR COND	DITION GIVEN	IN PART I(o)			
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S = S = E	MED	21d. INJURY OCC WHILE NO AT WORK AT		ACE OF INJURY (At ory, office building	t home, form, s	treet,	21f. LOCATION Stree	t or R.F.D. No.	(ity or Town		County	Stote
EPUTY. SICAL E. ssary, please executioneral director. Paging by be retained for NRRAL DIRECTOR: Physical to prior to burial,		22a. l c	ertify that I ta ulted fram: Zene		Ski Ad	tare	lie M.D. AS	Hamicide (HEF MEDICAL EXA SSISTANT MEDICAL PUTY MEDICAL EX	, Unaminer C	determined Sept	manner 22b. DATI embe:		්ජ
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rtificate physicie en plec oval, ar	160.	no	yes give war or dates of s	ervice)	ME	MORIAL H	OSPITAL	, CUMBERL		ATE INTERVAL
PHYSICIAN: The law requires that the death certificate, e haspital ar attending physician. This certificate has been signed by the attending physician stacked far use as the burial-transit permit. Then pleas Dept. af Health priar to burial, cremation, or removal, and		PART 1. DEATH WAS 4 7 2 X Canditions, if any, which rise to immediate caus stating the underlying last.	CAUSED BY: MMEDIATE CAUSE (DUE 1 gave (a), couse DUE 1	TO, OR AS A CONSEQUENCE (b) ONTRIBUTING TO DEATH BE	OF STEP	Algren VIII O THE TERMINAL DISEAS	Zarl	gel	BETWEEN ON PULL	SET AND OFATH
AN: The law rall ar attending icate has been for use as the Health priar ta	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WA	S PERFORMED	20o. AUTOPSY? YES	F YES, WERE FINDING S OF DEATH?	NDINGS CONSIDERED IN CERTIFYING		
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OR ATTENDING be retained by the INECTOR: After e 3 shauld be ded with the State		saw the decea couses stated	sed alive an	ol) attended the deco y(did)(did not) view	219 6 Kan	d that in (my) (our	r) opinion deoth	ogkufred an the		nd from the
d S S D		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) DR	BLANE	ittes M. SCHIN	DLER.	22e. ADDRESS	MED. DIRECTOR	STAFF PHYS. D	RLAND. M	n.
TO HOSPITAL (Page 4 may b to FUNERAL) director, page shauld be file	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept. 26	,1968 Dav		rial Cem.	Cumbe	ON (City or Town)	(County)	(State)
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MARICAND STATE DELARIMENT OF HEALTH

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3	MALE 4. RACE WHITE S. DATE OF BIRTH29 lost birthers) y	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7	PLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARYLAND 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH ALLEGANY	Md.
0	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work do 9MEMOR ^{els)} AL HOSPITAL 120. USUAL OCCUPATION (Kind of work do 9MEMOR ^{els)} AL HOSPITAL	12b. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLAND. YES X NO 510 MA	RSHALL ST.
li li	RS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle SCHADE ELIZABETH	DIABOLD
	5 DECEASED EVER IN U.S. ARMED FORCES? 0, or unknown) (If yes give wor or dates of service) 212–32–8349 MEMORIAL HOSPITAL, CUMB	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ditions, if ony, which gove to immediate cause (o), ing the underlying cause (c) RT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDIN	IGS CONSIDERED IN CERTIFYING
X	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Por	
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year pither, notify medical examiner) P.M. 19	County Stote
	ork while at work (I) (this haspital) attended the deceased from 9-5-, 1968, ta 9-10, saw the deceased glive an	16
	SIGNATURE ATTENDING MED. STAFF DEGREE PHYS. DIRECTOR DIRE	22c. DATE SIGNED / 68.
	RIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote) legany, Maryland
,	COUSES STATED DEPOSITION CONTROL OF CEMETERY OF CEMETE	22c. DATE SIGNED (County) (S1

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		12363		OF VITAL RECORDS	, 301 W. I	RESTON STRI	DEATH	E, MARYLAND 21201	12	2373
		(EASED-NAME Fi	rella	Middle P		SHAFFE		DATE OF DEATH Manth	10 68	2b. HOURP
3	. SE)	EMALE	4. RACE	IITE		S. DATE OF BIR		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
7	o. B	IRTHPLACE (Stote or foreign		WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARR	IEU	UNTY OF DEATH		Md
11		TY OR TOWN OF DEATH	l g	1. NAME OF HOSPITAL OR I	MOSP!		during most of	UPATION (Kind of work do working life, even if retire WITE	ns 12b. KIND 0 INDUSTRY	F BUSINESS OR
		USUAL RESIDENCE (Where dec	ased lived, if inst	titution: Residence before Bedford	HYNC		YES NO NO	13e. STREET AND NUMBER		
1	4. F.	ATHER'S NAME First BENJ	Middl MIN	BRADI (S. MOTHER'S MAI	DEN NAME First	Middle		Lost
	16a. Ye	WAS DECEASED EVER IN U.S. A (If yes gi	RMED FORCES? re war or dates of service	16b. SOCIAL SECURIT 216-22-		INFORMANT MEMORI	AL HOSP	PITAL CUME	ERLAND.	
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME Conditions, if any, which goverise to immediate cause (a stating the underlying cause).	SED BY: DIATE CAUSE (a) _ DUE TO, (b)_	or line far (a), (b), ond (Lober OR AS A CONSEQUENCE O Pulm OR AS A CONSEQUENCE O	r pr	Jensey Tratur	Myseu	ie, actum	BETWEEN 3	vinate interval onset and ceath deys ups
X	CERTIFICATION		relies Pb. CONDITION FOR	1 0	PERFORMED	20a. AUTOP	sy?	20b. IF YES, WERE FINDING CAUSES OF DEATH?		CERTIFYING
	MEDICAL	OR CONTRIBUTING CAUSE OF (If either, natify medical except 21d. INJURY OCCURRED While Nat while	EATH HOUR A	.M. Month Doy Yes .M.	or 19	OCATION Street		City ar Town	Caunty	State
		22a. I certify that (I) saw the deceased causes stated abo	this haspital) alive an ve, (I) (we) (d	attended the deced 10 (did nat) view th	sed from 19 <u>68</u> , at e bady after	8 - 31 Id that in (my death.	, 19 <u>68</u>) (aur) apinian			it (I) (we) las rand fram the
		22d. PHYSICIAN'S NAME (Type) DR	P. LQ.	ROSS	DEC		DIRECTO	OR STAFF PHYS. C	22c. DATE SIGNED	
7	23a.		b. DATE Sept. 13		of CEMETERY O	CREMATORY Ceme t		Hocation (City or Town) F	Bedford	Costate) Pa
	24	SHINERAL DIRECTOR H. 7	Eligle	ADDRE		28.	2Sa. REC'D BY REG		AR'S SIGNATURE	udge.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME (Type or Print) First 20. DATE KNOWN Month Doy Year delay ind 3 ta OF ESTI-DEATH MATED Sept. 5, 1968, 12:30M of Banner NMT Shipley IE LINDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2, and PM3. P last birthday) 1968 19 12:30 pm White 12/28/1914 Male 53 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? form WIDOWED | DIVORCED Pennsvlvania II S A Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
Forman Dept of Forest & Parks give street oddress) Cumberland Memorial Hospital Torman

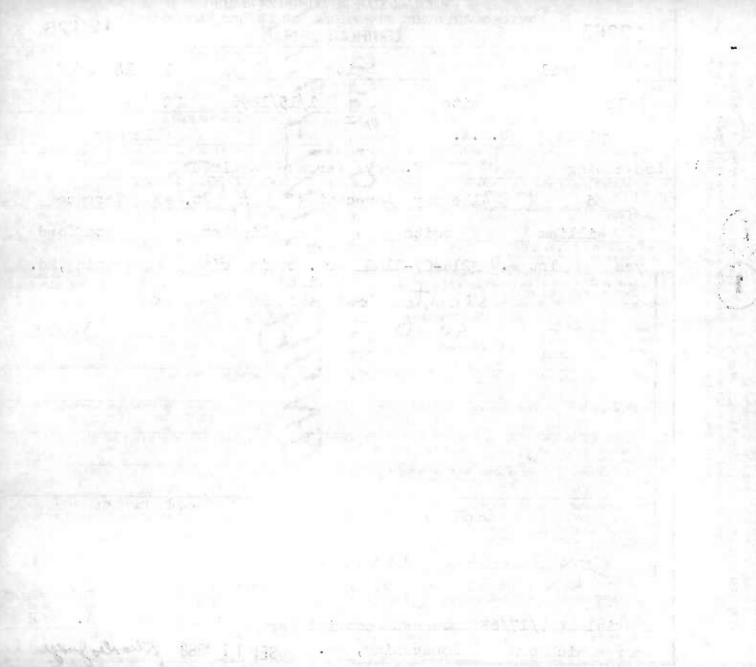
13d. INSIDE CITY LIMITS? 13e 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER after death Maryland 13b. COUNTY Item 18. Allegany Cumberland YES NO [1216 Lafayette Avenue Office a and 14. FATHER'S NAME 1s. MOTHER'S MAIDEN NAME First Joseph 0. Shipley Clara NMI Shaffer L Page 4 shauld be farwarded to the Chief Medical Examiner's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 217-10-4385 Mrs. John J. Harvey, 503 Williams St Cumberlan event within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: MACERATION OF BRAIN 26 Hours pending IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Fracture of Skull rise to immediate cause (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SD ar remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES X NO T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY TOR CONTRIBUTING HOUR A.M. crematian, Hit by falling tree 10:00 MM=Sept. 4 19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.)
State Forest WHILE AT WORK AT WORK Green Ridge, Allegany, Maryland burial, 22a. I certify that I took charge of the remains described above, held an Autapsy X, PO Inspection X, Inquiry X and in my opinion the funeral director. Natural causes . Accident XX Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 34 DEPUTY MEDICAL EXAMINER XX September 5, 1968 5 may b O FUNER Health **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or coGUMBERLAND, MARYLAND NAME (Type) 23o. BURIAL CREMATION, 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 9/8/1968 Hillcrest Burial Park Near Cumberland Alleg Md.
ADDRESS | 250. RECID BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 VR A15ME (5) Balto Ave. Cumberland MPATESEP

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12375 12365 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR ges 1 and 2 after deoth. hours after deoth. funerol (Type or print) Earl 1968 Smith 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years OAYS HOURS 1/15/1896 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Maryland U.S.A. Allegany WIDOWED [DIVORCED [be executed within 24 Md 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress and in ony event, withi Terrace Retired e, even if retired.) . Marvs remove carbon Lonaconing 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STRFFT AND NUMBER admission) STATE Md 13b. COUNTAllegany Lonaconing St. Marvs Terrace 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle Middle William Smith Elizabeth Stafford ficate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) burial, cremation, or removal, Lonaconing, Md. 214-07-2140 Mrs. Jessie Smith 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been os the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO F YES 🗍 FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark ATTENDING causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR director, page 3 should be filed v 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LONACONING 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23g. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Cumberland Md 0 7/68 Sunset Memorial Park 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE George Eichhorn Lonaconing, Md. 1968

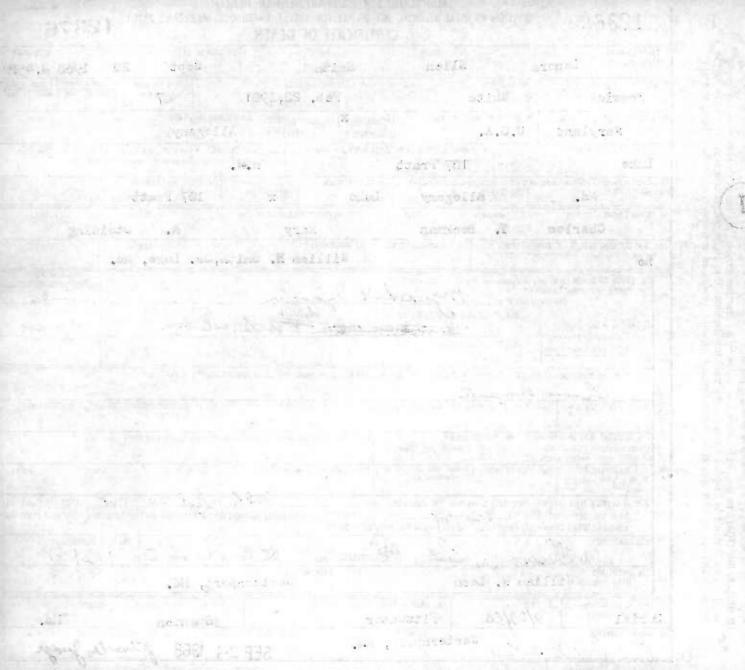
MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12366 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR (Type or print) Ellen Septonth 1968 Lenora Smith 4 RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 3. SEX within 24 haurs after competely filled in by the f tave-carban papers. Pages by event, within 72 hours after DAYS lost binhdoy) White Feb. 22, 1901 Female 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED U.S.A. Allegany Maryland WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give streetordrephatt during most of working life, even if retired.) INDUSTRY Luke 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Md 13b. COUNTAllegany executed Luke YES T NO 107 Pratt 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Charles Steiding Beckman Marv OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be, please 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) William H. Smith, Sr. Luke, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) of, west Conditions, if ony, which gove) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detached far use os the burial-tronsit should be filed with the Stote Dept. of Health prior to burial, cremati rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Poge 4 may be retained by the hospital or ottending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? NO X YES 🗌 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram _______, 195____, to ______, 196_____, that (I) (we) last sow the deceased olive on ________, 19_____, ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 1966 , thot (I) (we) last 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS Westernport, Md. 22d. PHYSICIANS William W. Lesh NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION, BUREMOVAL (Specify) 9/23/68 Fitzwater Swanton Md. 2Sb. REGISTRAR'S SIGNATURE Westernport, Md. 2So. REC'D BY REGISTRAR 196B 30M REV. 1/38

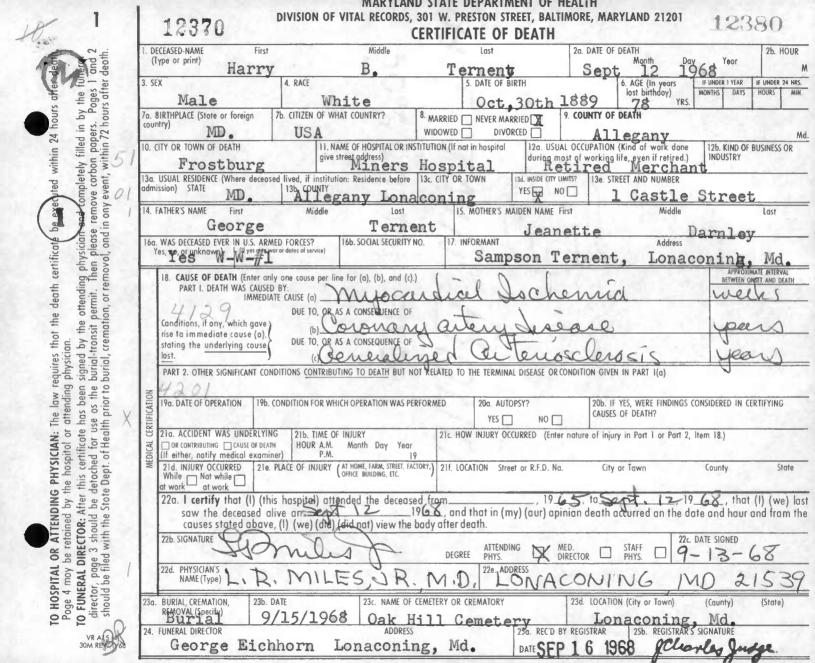


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	12368 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 123"	78
ALTH DEPT,	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day	Year 2b. HQDA
M3. Page	(Type or Print) FREDERICK S. SNELSON OF ESTI- DEATH MATED 9 - 25-	1968 1:46
ua l	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD	2d Thi PUR
	MAIE WHITE AUG. 3, 1912 56 YRS. Sept. 25, 19	68 1:46
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	MARTIAND U.S.A. WIDOWED DIVORCED ALLEGANY	Mo
99	FROSTBURG Miners Hospital-DOA EXTRUSION DEPT. INC. INC. INC. INC. INC. INC. INC. INC	OF BUSINESS OR
01	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY ALLEGANY FROSTBURG 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 26 BRADDOCK	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle SNELSON ANN TE ROUBOPH	Lost
	TOO DO II	AM
3	[16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or doles of service) 214–07–1379 MRS. SARAH SNELSON, FROSTBURG, MD.	
	10 CALICE OF DEATH (Seter only one course on line for (a) (b) and (d)	ROXIMATE INTERVAL
7	PART I. DEATH WAS CAUSED BY:	NUTES
	953 / IMMEDIATE CAUSE (a) ASPHYXIATION MI	110120
	Canditions, if any, which gave rise to immediate cause (a), (b)	91
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
	9731	
		UTOPSY?
	- WAS PERFORMED?	ES 💢 NO 🗌
	21a. EXTERNAL CAUSE WAS 21b. TIME OF ÎNJURY Month, Day, Year PRIMARY OF COURTED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At harme form street) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT harme form street)	Sydia
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)	State
	220. I certify that I taak charge of the remains described obave, held an Autopsy X Inspection X Inquiry X, and	in my apinian
	death resulted from: Natural causes, Accident, Suicide X, Homicide, Undetermined manner	
	ACTUAL B '+ P ' CHIEF MEDICAL EXAMINER	
	SIGNATURE SIGNATURE 226. DATE SIGNED	2000
2	EXAMINER'S NAME (Type) DR BENEDICT SKITABELIC ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county)	, 1968
	ADY, COMBERLA	
	REMOVAL (Specify)	(State)
0	BURIAL SEPT. 28 '68 FBG. MEMORIAL PARK FROSTBURG. MD. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
DU	JOSEPH R. DURST, FROSTBURG, MD. 21532 DAISFP 3 0 1968 Clarks Ju	efge

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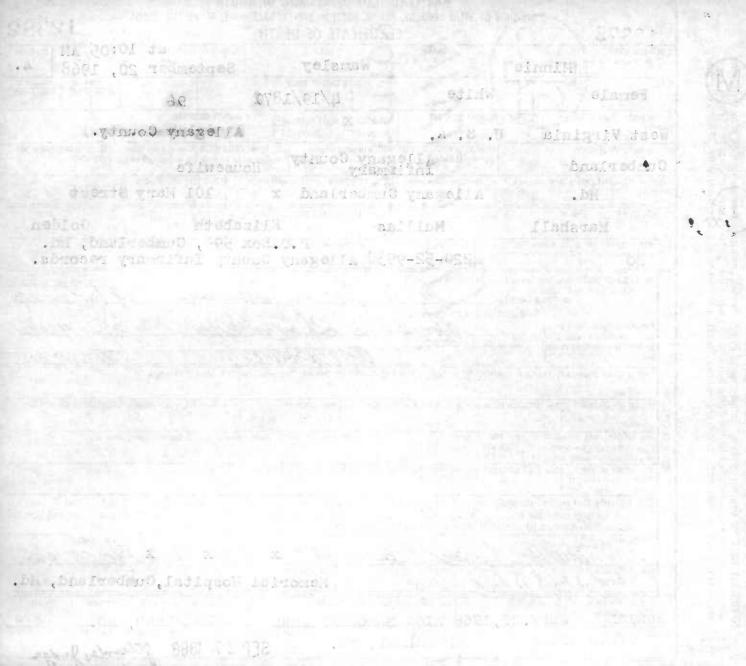


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					ESTON STREET, BAI	TIMORE, MARYLAND 21201	
		12371		CERTIFICA	ATE OF DEATH		12386
			ALPH SYLVESTE	R UPLII	NGER	SEPT BERD	25. HOUR A
	3. SE	MALE	4. RACE WHITE		S. DATE OF BIRTH DECEMBER	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	7o. E	BIRTHPLACE (State or foreign other) CUMBERLAN	7b. CITIZEN OF WHAT COUNTRY? D. MD. U.S.A.	8. MARRIED X	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md.
2		ITY OR TOWN OF DEATH CUMBERLAND,	MD. give reet oddess)		t in hospital 12a. US	UAL OCCUPATION (Kind af work done most af warking life, even if retired.)	
/	13a. odmi	USUAL RESIDENCE (Where decorsion) STATE MARYLAN	eased lived, if institution: Residence by 13b. COUNTY ALLEGA			- The street trans trainers	NGDALE ST.
	14. F	ATHER'S NAME First CUR		Lost IS.	MOTHER'S MAIDEN NAME JOSE	First Middle EPHINE	SHEWBRIDGE
		WAS DECEASED EVER IN U.S. A es, no, or unknawn) (If yes gir	ARMED FORCES? ive war or dotes of service)		FORMANT EMORIAL HO	SPITAL, CUMBERL	AND, MARYLAN
		Conditions, if ony, which gav rise to immediate cause (a stating the underlying caus last.	DUE TO, OR AS A CONSEQUEN (b) (c)	ICE OF	THE TERMINAL DISEASE OF		BETWEEN ONSET AND OEATH
<	CERTIFICATION	19a. DATE OF OPERATION 19	9b. CONDITION FOR WHICH OPERATION V	WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERL' OR CONTRIBUTING CAUSE OF D (If either, notify medical exa	DEATH HOUR A.M. Manth Day	Yeor 19	W INJURY OCCURRED (En	ter nature af injury in Part 1 ar Part 2,	Item 18.)
	ME				CATION Street ar R.F.D. N	No. City ar Town	Caunty State
	The state of	22a. I certify that (1) (saw the deceased causes stated abo	(this haspital), attended the de lalive an 38ht. 5 ave, (1) (we) (did) (did nat) viev	eceased fram 19 6 27 , and v the bady after d	that in (my) (aur) a eath.	, ta, 19 pinian death accurred an the d	/, that (I) (we) last ate and haur and fram the
		22b. SIGNATURE	y. Hadidusi	DEGRE		MED. STAFF DIRECTOR PHYS. 22c.	9-9-68
			CALVIN Y. HAD			EENE STREET, CUM	
		REMOVAL (Specify) Se	ept.10,1968 Po	ME OF CEMETERY OR COrter Cem	etery	23d. LOCATION (City or Town) Hyndman, Pa.	(Caunty) (State)
	24.	FUNERAL DIRECTOR James F. Sc	carpelli, Cumber	odress cland, Md	- 250. REC'D	P 1 3 1968 PCL	s signature

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12384
T.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month D	
	JANE M. WIANT DEATH MATED 79/16	5/ 68 8 PM
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
	Female White Nov.12.1886 81 YRS. MONTHS DAYS HOURS MIN. Month Sept Doy 16	Year 1968 8P M
	70. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	COUNTRY) MARYLAND USA WIDOWED X DIVORCED ALLEGANY	Mc
0	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR
7	CUMBERLAND give DOA MEMORIAL HOSPITAL during most of working life, even if retired.) IN	OWN HOME
2/	130. USUAL KESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OK TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
4	Odmission ARYLAND 13b. ALLEGANY CUMBERLAND YES NO ROUTE 3 VALLE	EY ROAD
1	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
	JOHN WILKINSON JOSEPHINE MARTIN	
	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no. or unknown) (If yes give wer or delets of service) ITNKNOWN TABLE TO THE PATRICLE OF THE PARTY OF THE P	
	NO UNKNOWN JAMES A. WIANT FAIRLESS HILI	
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) CORONARY OCCLUSION	SUDDEN
6	4709 DUE TO, OR AS A CONSEQUENCE OF	
	Canditions, if ony, which gave rise to immediate couse (a), (b) ARTERIOSCLEROSIS	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (t)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
_	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 211. How Injury Occurred (Finder patture of injury in Part 1 or Part 2 Hom	20. AUTOPSY?
人	WAS PERFORMED?	YES NO X
	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING THOU A.M. 19 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO Port 2, Item HOUR A.M. 19 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item Primary Of the Primary Of	18.)
	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No. City or Tawn	Caunty State
	220. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinian
-	death resulted fram: Notural couses 🔀 Accident 🗌, Suicide 🔝, Homicide 🔲, Undetermined manner	
1	CHIEF MEDICAL EXAMINER	7-43348
		SNED 9/16/68
	EXAMINER'S DEPUTY MEDICAL EXAMINER	
	NAME (Type) BENEDICT SKITARELIC, M.D. RT ADDROS (Street, cit COMBERT AND, MD.	
	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City or Town)	ounty) (State)
	BURIAL SEPT. 19 1968 HILLCREST BURTAL PARK CHMBERLAND	MD
	ADDRESS 1250. REGISTRAK 3°SIG	
1	BYRON KIGHT CUMBERLAND, MD. DATE SEP 20 1968 SChort	les Indee

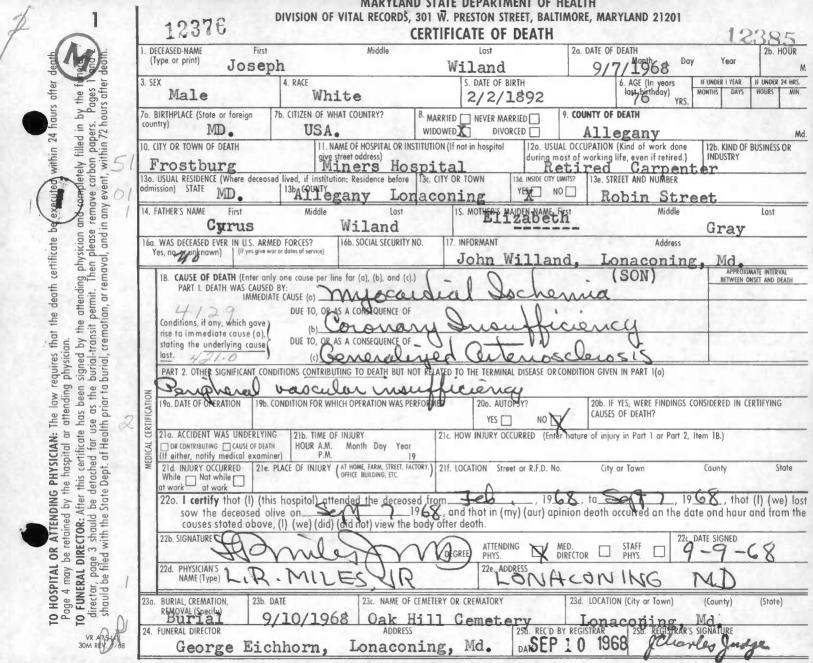
MAKILAND STATE DEPARTMENT OF HEALTM

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		ECEASED-NAME First		Middle	L	ast	2a. DATE OF DEAT			2b. HOUR
	(1	Type or print) Walte	r	Lundy	Wig	field	Sept.	Nonth Da	1968	
	3. SE	X	4. RACE				L882 6. A	GE (In years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HR
		male	Whi			-		birthday).	MONTHS ONTS	HOOKS MI
	7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH		8. MARRIED NE		9. COUNTY OF DEAT			
	10.	Flintstone	U.57	ME OF HOSPITAL OR INS	WIDOWED	DIVORCED	AL OCCUPATION (Kind		Table Million of a	1
	-			reet oddress)			nost of working life, e		12b. KIND OF E	
)	130	Umberland USUAL RESIDENCE (Where deceose	ed lived if institution	no Residence before	13c. CITY OR TOWN			ND NUMBER	Hanol	ng pa pi
1	odmi	ission) STATE maryland	13b. COUNTY	Oc Mu	Cumbe		- ACCOUNT		ud Ave	
	_	FATHER'S NAME First	Middle	Lost		HER'S MAIDEN NAME		Middle		Lost
		Johnaton		Wigfie		borah <	7		Shry	boff
le.	16a.	WAS DECEASED EVER IN ILS ARM	NED FORCES?	16b. SOCIAL SECURITY N	10. 17. INFORM		3	Address		
		es, no, or unknown) (If yes give w	ar or dates of service)		h	Mrs-Minr	ne Smit	h Co	mberla	nd, hu
		18. CAUSE OF DEATH (Enter onl	γ one couse per lin	e for (o), (b), and (c).)		-			APPROXIM	ATE INTERVAL ISET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA) BY: .TE CAUSE (a)	EM.	ner	nea		17/15	600	MS
		428 X	DUE TO, OR A	S A CONSEQUENCE OF		1-			1	
		Conditions, if any, which gove) rise to immediate cause (o),	(b)	my	vear	ann	1	100	14	2
		stoting the underlying couse	DUE TO, OR A	S A CONSEQUENCE OF	O DIA	reles	mes		1011	
		DART D. OTHER CICALESCANT COM	(c)	THE TO DEATH BUT ME	T DELATED TO THE	TERMINAL RICEACE OR	CONDITION CIVEN IN E	ADT 1/-1	109	V 2
		PART 2. OTHER SIGNIFICANT CON	DILIONS CONTRIBUT	ING TO DEATH BUT NO	JI KELATED TO THE	IERMINAL DISEASE OK	CONDITION GIVEN IN F	AKI I(0)		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	REFORMED 2	Da. AUTOPSY?	20b. IF YES,	WERE FINDINGS	CONSIDERED IN CE	RTIFYING
<	TEIC					YES NO	CAUSES OF D	EATH?		
		21a. ACCIDENT WAS UNDERLYIN			21c. HOW IN	IURY OCCURRED (Ente	er nature af injury in l	Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF OEAT	HOUR A.M. P.M.	Manth Day Year						
		21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		N Street ar R.F.D. No	c. City or To	wn	County	State
		at work of work								
		22o. I certify that (I) (this sow the deceased of	s hospitol) atte	nded the deceose	d from	70, 196	P P to Sefer	1 (9, 19	68, that	(I) (we)
		couses stoted obove	(I) (we) (did) (did not) view the h	oody ofter deoth	i in (my) (our) op	mnon deom occur	rea on the a	ore ond nour o	ma irom
		22b. SIGNATURE		1	- 11		MED CTA		DATE SIGNED	
		Clar	17.0	since	DEGREE	PHYS.	MED. DIRECTOR PHY		120/6	8
		22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS		,		
		BURIAL, CREMATION, 23b. I	DATE	23c. NAME OF	EMETERY OR CREM	ATORY and	23d. LOCATION (Ci	-	(County)	(State)
	230.							· A		ma
		REMOVAL (Specify) PLANTING FUNERAL DIRECTOR	123/68	ADDRESS		I aco Decin	By REGISTRAR	Sb. REGISTRAR	HILLEGANY	ma
		BUTIAL DIRECTOR	23/68	ADMICE	4 3	Inc. prop				-

MARYLAND STATE DEPARTMENT OF HEALTH

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HEALTH DEPT.		ECEASED-NAME	First	SITE OF	Mide			ost.			20. DATE KN	OWN	Month	Doy Yeor	2b. HOUR
3 to Page	是	Type or Print)	SERVINE S	DOR	S	ANN	WE	RIGHT	r		OF ES	ATED	SEPT	. 3,1969	1:a
delay 3 A3. Po, menty	3. S		4. RACE	S. DATE OF B		6. AGE (In year	MONTHS I	YEAR OAYS	IF UNDER 24 HOURS	HRS.	2c. DATE PRO		DEAD Dov	V	2d. HOUF
and and arriment	_	EMALE	WHITE	4 22 3		32 Y	RS.				SEPT	3.	1968	Yeor 1968	1:a/
red for a series of the series	cour		BURG, MD		4	W	MARRIED NE	DIVOR	CED 🗆		NTY OF DEATH	F	ALLEG		N
deal deal		CUMBER	LAND	957	NAME OF HOSPITA	ART HO	SPITAL	ospitol			CUPATION (Kin working life, EWIFE			12b. KIND OF BUS INDUSTRY	INESS OR
hours after de tem 18. Give Office along 1 and 2 with the after death.		USUAL RESIDENG dmission) STATE	E (Where deceose MD.	d lived, if insti 13b. COUNTY	tution: Residence		TY OR TOWN		INSIDE CITY LIM		13e. STREET A		0	OX 106	
24 haurs af in Item 18. r's Office alk	14. F	ATHER'S NAME	First CHA	RLES	F. KE	Lost RR	1S. MOTHER				.IPS KE	Midd	dle	Loss	
hin ncil nine page hau		WAS DECEASED EV es, no, optoknow	ER IN U.S. ARMED FO		16b. SOCIAL SEC 220-32-		17. INFORMAN	IT			1	ADDRESS	_	SETON DR ERLAND,	
executed value of the control of the		18. CAUSE OF PART I. D	DEATH (Enter only EATH WAS CAUSED	PM	line for (o), (b), (tasis o	of Lu	ınas.	bi1	ateral			APPROXIMATE BETWEEN ONSET 24-48 H	ANO DEATH
"pel "pel hief hief ansit		Conditions, if o	ny, which gove)		R AS A CONSEQUE	NCE OF	ary emb		11909					11 11	11
certificate shauld be exwirting the ward "pen urwarded ta the Chief M used as a burial-transit p maval, and in any event		stoting the un lost.	derlying couse	(c)	R AS A CONSEQUI										
ertificate sh writing the rwarded ta 1 sed as a bu iaval, and in		1 1	IGNIFICANT CONDIT	-					EASE OR CO	NDITION	N GIVEN IN PA	RT 1(o)			
certifica arwarde arwarde used as maval, a	NOI	19o. DATE OF O	Enceph	alomala	19b. CONDITION			in)						20. AUTOPS)	12
pe pe pr	CERTIFICATION			last vius o	WAS PERF	ORMED?								YES 🔀	NO 🗌
	MEDICAL CE	CAUSE OF DEAT	R CONTRIBUTING [HOUR A	P.M.	19	21c. HOW INJ			er notur	e of injury in	Port 1 or	Port 2, Ite	em 18.)	
EXAMIN ute the uge 4 sh your fil Page 3 s	ME	21d. INJURY OCC		ACE OF INJURY ory, office buildi	(At home, form, ing, etc.)	street,	21f. LOCATION	Street or	R.F.D. No.		City or T	own		County	Stote
TX DICAL E y, please exect erd directar. Pa se retained far (AL DIRECTOR: I priar to burial,			certify that I to sulted from:					CHIEF	Homicide MEDICAL EX TANT MEDIC	, XAMINE AL EXA	MINER	mined m	nonner		
TO DEPUTY The funeror S may be TO FUNERA Health pr	22-	NAME (Type) BURIAL, CREMA			ARELIC,		RY OR CREMAT		ESS(Street,					AND, MARY	
2		SUN ALISARY	(V) L 9	7-5-	1968 F	ROSTE	RI OK CHEMAT	1EM	OPIAL	4/	LOCATION (CIT	BUR	PG,	ALEG	tote)
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